

Exhibit 18-5

SAMPLE REMITTANCE ADVICE – ADJUSTED NON-FACILITY CLAIMS

REPORT ID: FI04W400
 PROGRAM ID: FI04L400
 001549

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 NON-FACILITY REMITTANCE ADVICE - ACUTE
 ADJUSTED CLAIMS - INVOICE DATE: 04/16/2004

PAGE: 12
 RUN: 04/16/2004

BILLING PROVIDER: 654321 01 HOLLIDAY, DOC
 SERVICE PROVIDER: 654321 01 HOLLIDAY, DOC

INVOICE NUMBER: A0300000000001
 CHECK NUMBER: 48746
 PAYMENT DATE: 04/20/2004

TAX ID: 999999999
 FORM TYPE: FORM 1500

AHCCCS ID RECIPIENT	NAME PATIENT ACCOUNT NUMBER	CRN SCORE DATE	SERVICE CD/ MODIFIER	DATES OF SERVICE	BILLED AMOUNT BILLED UNITS	ALLOWED UNITS		
A61743893	HOLMES, SHERLOCK	04100000100801	99233	03/09/2004	300.00	3.00	222.00	ALLOWED AMOUNT(*)
A61743893	12714-350493	04/14/2004		03/11/2004	3.00		148.00-	PREVIOUSLY PAID
							74.00	NET PAID AMOUNT
PRICE EXPL: MAC *AHA								
A21742813	KURIYAKIN, ILYA	04099000100801	90828	03/24/2004	800.00	5.00	680.00	ALLOWED AMOUNT(*)
A21742813	12224-489133	04/14/2004		03/28/2004	5.00		544.00-	PREVIOUSLY PAID
							136.00	NET PAID AMOUNT
PRICE EXPL: SUB MAC *AHA								
A21742813	PEELE, EMMA	04110000100801	99233	03/24/2004	290.00	3.00	146.00	ALLOWED AMOUNT(*)
A21742813	12714-350493	04/14/2004		03/26/2004	3.00		190.00-	PREVIOUSLY PAID
							44.00-	NET PAID AMOUNT
PRICE EXPL: SUB *MCC *MCD								

• New Allowed Amount is listed first
 • Previously Paid Amount is “backed out” as negative
 • Net Paid Amount shows the difference
 • Net Paid Amount will be negative if the adjusted Allowed Amount is less than the original Allowed Amount
 • Last page of Adjusted Claims section lists totals

NUMBER OF CLAIMS: 3
 TOTAL BILLED AMOUNT: 1,390.00
 TOTAL REMIT AMOUNT: 166.00